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CONFIRMATION NO. 4875

<b>SERIAL NUMBER</b> 10/808,541	<b>FILING OR 371(c) DATE</b> 03/25/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> 27755
<b>APPLICANTS</b> Abraham Nudelman, Rehovot, ISRAEL; Ada Rephaeli, Herzlia, ISRAEL; Irit Gil-Ad, Herzlia, ISRAEL; Abraham Weizman, Tel Aviv, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of PCT/IL02/00795 09/29/2002 which claims benefit of 60/324,936 09/27/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/05/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 125
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 67801				
<b>TITLE</b> CONJUGATED PSYCHOTROPIC DRUGS AND USES THEREOF				
<b>FILING FEE RECEIVED</b> 1695	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	